

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12343

318

1003

2785

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|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY S | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | | | d. STREET ADDRESS (If rural, give location) 19 4207 McPherson 0 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Violet | | b. (Middle) R. | | c. (Last) Smith | |
| 5. SEX F. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | | 8. DATE OF BIRTH 3-22-1910 | |
| 9. AGE (In years, last birthday) 42 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Curg Morton | | 13b. MOTHER'S MAIDEN NAME May Reedy | | 14. NAME OF HUSBAND OR WIFE Leo Smith | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Moline, Ill. Mrs. Shirley J. Rives 1610 19th Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest & cerebral anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dermoid tumor of pharynx DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibroadenosis of breast | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days Unknown 3 yrs. | |
| 19a. DATE OF OPERATION 3/11/53 | | 19b. MAJOR FINDINGS OF OPERATION Dermoid tumor of pharynx. Breast tumor | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? 239X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 3/10 , 19 53 , to 3/13 , 19 53 , that I last saw the deceased alive on 3/13 , 19 53 , and that death occurred at 8:00 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Glenn C. Talbot M.D. | | | | 23b. ADDRESS 1375 80. Grand. | | 23c. DATE SIGNED 3/13/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-16-53 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. MAR 14 1953 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly | | ADDRESS 3840 Euclid | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. L. Salter

Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.